Dr. Toh-Woon Lim was born in Fukien, China. A graduate of Tufts University, he pursued a career as a doctor of dental medicine and periodontics. His greater joy in life, however, was to serve the Lord and to spread the Gospel of Jesus Christ. In view of these eternal interests, he pursued biblical and theological training and was very active in the ministry of his local church.

Dr. Lim was a student in the Doctor of Ministry program at Western Seminary when he was diagnosed with cancer. His serious illness did not deter him from his studies, however. Rather, he sought to pursue them as aggressively as possible so that he could use the life he had left to serve God better.

In 1994, before he was able to fulfill his goal of completing the Doctor of Ministry program, Dr. Lim went to be with the Lord at the young age of 46. So that his interest in furthering the work of Christ might be carried on, and so that others might be enabled to fulfill the goal that Dr. Lim could not, his widow has established this scholarship in his memory.

ELIGIBILITY

The Dr. Toh-Woon Lim Scholarship aims to foster excellence in Christian ministry by providing support for students in the Doctor of Ministry program.

To qualify for the Dr. Toh-Woon Lim Scholarship, you only need to meet the following criteria:

- A recipient must be a student in good standing in the Doctor of Ministry program.
- A recipient must have demonstrated significant achievement in the ministry.
- Financial need will be taken into account, but is not the primary factor for awarding this scholarship.

APPLICATION PROCESS

Complete the Dr. Toh-Woon Lim Scholarship application.

Include the following with the application form:

- 2 letters of recommendation from qualified sources who can reflect on the applicant’s personal character and achievement in the ministry.
- A personal assessment of your achievements to date and personal development goals that will be realized through receiving the scholarship.

Applications due November 1, 2014 and will be retroactive for the current fall semester.
Please see page one for the benefits and requirements of this scholarship.

PERSONAL INFORMATION

☐ Mr.  ☐ Miss  ☐ Ms.  ☐ Mrs.  ☐ Rev.  ☐ Dr.  ☐ Male  ☐ Female

Full Name  _____________________________________________________________  Student ID  ________________

First                                                  Middle                                                  Last

Marital Status  ☐ Single  ☐ Engaged  ☐ Married  ☐ Widowed  ☐ Separated  ☐ Divorced

Total number of family members in your household _____________  Ages of children living at home _____________

Email  ______________________________________________________  Degree Program  _________________________

Primary Campus Location  ☐ Portland  ☐ San Jose  ☐ Sacramento  ☐ Online Campus

Anticipated Credit Load  Fall 2014 ____  Spring 2015 ____  Summer 2015 ____

Number of Hours Completed __________________________________________

Expected Graduation Date _____________________________________________  Vocational Goal  _______________________

Do you expect to receive a Western Seminary tuition waiver of any sort (spouse, staff, etc.) during the 2014-15 academic year?  ☐ Yes  ☐ No  If so, what type? ________________________________________________________________

How have you financed your Seminary education in the Past?  ________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Local Church Affiliation  ____________________________________________________________

Current Ministry Responsibility:  _______________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

EMPLOYMENT INFORMATION

Are you currently employed?  ☐ Yes  ☐ No  If so, please list your place of employment, job title, hours worked per week, rate of pay and primary job duties:

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

If applicable, spouse’s place of work and major job duties  _______________________________________________________

________________________________________________________________________________________________

PERSONAL ACKNOWLEDGEMENT

The above information is, to the best of my knowledge, accurate and complete. I agree to inform the Financial Aid Office of any significant changes in the information submitted as part of this application.

Signature  _____________________________________________________________  Date  ______________________